

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5847

State File No.

BIRTH NO. REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>S t. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>W entzville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Lerov</u> c. (Last) <u>Conoyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>24</u> <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W hite</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>January 6, 1931</u>	9. AGE (In years last birthday) <u>18</u>	10. IF UNDER 1 YEAR Days <u>1</u> Hours <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Conoyer</u>	13b. MOTHER'S MAIDEN NAME <u>Esther Vollmer</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Conoyer</u>	ADDRESS <u>Wentzville, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broken ribs and compound fracture of left leg.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>97</u> <u>32</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moscow Mills Lincoln Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2</u> <u>24</u> <u>1949</u> <u>11P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car hit bridge and overturned.</u>

22. I hereby certify that I ~~interviewed~~ interviewed the deceased on 2/25, 1949, that I last saw the deceased alive on 2/25, 1949, and that death occurred at Wentzville, Mo. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Martin F. Puff</u>	23b. ADDRESS <u>Wentzville, Mo.</u>	23c. DATE SIGNED <u>2/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Peter</u>	24d. LOCATION (City, town, or county) (State) <u>St Peter, St Charles, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 26 1949</u>	REGISTRAR'S SIGNATURE <u>Martin F. Puff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George Stiefmeyer</u>	ADDRESS <u>St Peter, Mo</u>
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(Licensed Embalmer's Statement on (Reverse Side))

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 3-7-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. A. Keithly

Licensed Embalmer No. *822*

P. O. Address

Stallon Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.